

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33720

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 547		Registrar's No. 2513	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Jersey			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. LENGTH OF STAY (in this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jerseyville		8121	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital				d. STREET ADDRESS (If rural, give location) RURAL			
3. NAME OF DECEASED (Type or Print) a. (First) Prentice		b. (Middle) H.		c. (Last) Manning		4. DATE OF DEATH (Month) (Day) (Year) Sept. 27, 1952	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 9, 1901	
9. AGE (In years last birthday) 51		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY General		11. BIRTHPLACE (City and State or Foreign Country) Jerseyville, Illinois	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William Manning		13b. MOTHER'S MAIDEN NAME Lottie Leigh		14. NAME OF HUSBAND OR WIFE Theresa Manning	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lee Manning, Jerseyville, Illinois			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		O.K. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Middle Meningeal Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hemorrhage DUE TO (c) Fracture of Skull. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 hrs 2 hrs	
19a. DATE OF OPERATION 26 Sept 52		19b. MAJOR FINDINGS OF OPERATION Same		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		E8259	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) Jerseyville		21c. (CITY, TOWN, OR TOWNSHIP) 33- (COUNTY) (STATE) Jerseyville, Illinois		21d. HOW DID INJURY OCCUR? Auto Accident	
21d. TIME OF INJURY 3 PM Sept 26 52		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
22. I hereby certify that I attended the deceased from 26 Sept, 1952 to 27 Sept, 1952, that I last saw the deceased alive on 27 Sept, 1952, and that death occurred at 2:50 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Herbert R. Donke MD				23b. ADDRESS 16 Hampden Village Rd St. Louis 29 Mo		23c. DATE SIGNED 29 Sept 52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 9-30-52		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
DATE REC'D BY LOCAL REG. 9-29-52		REGISTRAR'S SIGNATURE Herbert R. Donke MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington			

1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Frederick J. Lanner

Licensed Embalmer No. 4788

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.